

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-583296

**Home Name:** Nora Holl, CNA

94-485 Kahualena Street

Waipahu

HI

96797

**Review ID:** 1-583296-9

**Reviewer:** Maribel Nakamine

**Begin Date:** 12/1/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#3's APS/CAN/Fingerprinting expired on 11/23/2020 and no current renewal/results seen in CCFFH binder. HHM#2's APS/CAN lapsed on 12/26/19 and renewed on 1/15/2020.

Foster Family Home	Reporting Changes	[11-800-12]
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12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- Primary Caregiver Disclosure form was not updated to reflect the current household composition of the CCFFH

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(c)- CG#3 with 8 hours total for the year; short of 4 hours annual inservice training for a 3 client CCFFH.

41.(f)(1)- TB clearances expired for CG#4 on 11/1/2020 and HHM#2's expired on 11/15/2020 both had no current renewals seen in CCFFH binder.

# Foster Family Home - Corrective Action Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(3P)(a)(2) Staff A current Registered Nurses license and if expiring within the next 30 days, evidence of a new license and one year of experience in a home setting, substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS, or;

Comment:

(3P)(b)(2)Staff- Sign In/Out Forms for the past 12 months were not properly documented; information on time out of CG#1 and time in and all caregivers were missing times, signatures, and total of hours per day and week.

## Foster Family Home

## Client Care and Services

## [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No signatures of CG#1, CG#2, CG#3, and CG#4 on CMA RN's delegation for Basic Skills Checklist on Client #1's chart/binder.

For Client #2- Noted that there were also no signatures of CG#3 and CG#4 on CMA RN's Basic Skills Checklist and Oral Medications Administration.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)Fire- No monthly Fire drill done for November 2020.

(3P)(b)(6)Fire- CG#3 and CG#4 did not have an evidence of conducting a fire drill for the past 24 months.

## Foster Family Home

## Medication and Nutrition

## [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (d)(1), (d)(2) - there was no doctor's order for Client #1's [REDACTED]. Client's Service Plan did not indicate [REDACTED]

## Foster Family Home

## Physical Environment

## [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- No [REDACTED] in Client #1, Client #2, and Client #3's bedrooms or within clients' reach. Service Plans of all clients indicated for [REDACTED] to communicate their needs.

CG#1's bedroom was noted to be on the opposite side of the CCFFH past the clients' living room, kitchen, and another kitchen on the other side of the home/CCFFH.

# Foster Family Home - Corrective Action Report

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- CCFFH outside gate with "BEWARE OF DOG SIGN" and noted 2 dogs were barking and leashed inside the garage and one of the dogs got loose when CTA was ushered in by CG#1.

No buzzer/intercom on the outside of the gate for agency to communicate with CCFFH caregivers.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)- CCFFH's Monthly Budget for the year 2020 was incomplete- missing totals of monthly income and expenses for each month.

## Foster Family Home

## Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(a), (b)(1)- Client #1, Client #2, and Client #3's Admission Policy and Agreement were incomplete. Signature pages (page 6) were all missing from the rest of the documents for all clients.

53.(b)(9)- CG#2 was heard by CTA Compliance Manager addressing Client #3 not by name but the words, "pssst, pssst, pssst, come here".

53.(b)(9)- Client #1, Client #2, Client #3's bedrooms door knobs and clients' bathroom door knob were without proper locks from the inside. Under the My Choice My Way, clients' should be able to lock doors for privacy.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(a)(1)- Two of the 3 emergency exit doors of the CCFFH's Evacuation Map were missing the word "EXIT".

54.(c)(2)- Client #1's Service Plan dated 10/20/2020 was missing signatures of Client/POA, doctor, and CG#1. Client #3's Service Plan dated 8/14/2020 was without a doctor's/PCP's signature.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- one medication bottle had no label. Another medication was in client's bin which was not listed in the Medication Administration Record(MAR) and without a doctor's order.

Client #2- one scheduled medication did not contain an exact administration time in the MAR.

Client #3- there were 3 medications that were not available on hand; listed in the MAR and with doctor's orders.

54.(c)(6)- Case Management RN's Monthly Nursing Visit Summary for 8/2020 and 9/2020 were not seen in Client #3's chart/binder.

Maikel Makarine, RN

Compliance Manager

Montell

Primary Care Giver

12/1/2020

Date

12/1/2020

Date

CTA RN Compliance Manager: Terri Van Houten RN, MSN Ed

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Nora Holl

(PLEASE PRINT)

CCFFH Address: 94-485 Kahualena Street, Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1	GC #3 went to get his fingerprints on 11/30/20, results received 12/3/20.	11/30/20	PCG will use her cell phone to store credentials for CG and HH's member when will expire to prevent expiring at least 1 month before it will expire.
8.a.2	HH #2 APS/CAN lapsed. It was placed on home record.	11/7/20	
12.4	PCG disclosure form was updated and given copies to [REDACTED] compliance manager onsite.	12/1/20	PCG must update Disclosure Form when someone in the house left or in. Will fax Disclosure Form to [REDACTED] office if changes.
41.c	Annual in-service for CG #3 is completed and it was file on home record.	12/4/20	PCG used calendar when its expire and remind SCG to get her inservice before it expire.
41.f.1	CG #3 and HH #2 TB clearance was placed on home record.	12/5/20 12/7/20	PCG will used calendar to remind her the requirements of everyone to prevent them from expiring.
3P.b.2	Sign in and out log started correctly.	12/1/20	PCG to read the instructions to avoid errors. Keep log by door to remind caregivers to sign.
43.c.	CG #1, CG #2, CG #3 and CG #4 signed the CMA RN delegation for basic skills checklist and placed in client binder.	12/3/20	All caregivers must sign basic skills when client admission to a home.



All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

*Nora Holl*

Date: 1/10/21



CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN, MSN Ed

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43.c.	CG #3 and CG #4 CMA RN Basic skills checklist and oral medication administration was signed and placed on clients file.	12/3/20	All caregivers must sign basic skills when client admission to a home.
3.P.b.1	Fire drill for November lapsed, not able to fix.	12/1/20	PCG must do fire drill every month as one of the rules and regulations. PCG has to assign SCG to do fire drill once a year or conducted at least 1 fire drill in a year.
3.P.b.6	CG #3 was assigned for [REDACTED] fire drill and CG #4 will be assigned for [REDACTED]. For fire drill for CG #3 was placed on home record.	12/3/20	PCG has to assign SCG to do fire drill once a year or conduct at least 1 fire drill in a year.
47.d, 47.d.1 47.d.2	PCG obtained order from PCP for client #1 for [REDACTED] and placed in clients binder.	12/11/20	PCG must obtained order from PCP for [REDACTED] upon admission.
49.b.3	Purchased [REDACTED] for every client and placed in their room within reach	12/4/20	PCG has attached [REDACTED] on the wall however CTA manager to buy [REDACTED] instead to follow service plan.



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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
50.e	Purchased door bell and installed at the gate.	12/4/20	PCG should have doorbell at the gate before for the safety of all visitors as PCG owned a dog. Check every month to make sure door bell is working.
52.b	Monthly budget completed on file in home record.	12/8/20	PCG to complete budget monthly.
53.a 53.b.1	Policies and procedures for clients was completed signed by clients and clients guardia and placed on home record.	12/18/20	PCG has to make sure to let clients guardian read and understands their right and responsibilities during admission to home and signed, dated one of the policy upon admission to home.
53.b.9	CG #2 calling client psst psst and compliance manager heard on site and was corrected immediately.	12/1/20	Remind all caregivers to call clients by their names to respect and dignity.
53.b.9	PCG corrected clients door knob, bathroom in a proper way	12/3/20	PCG has to ensure clients room door knob placed in a proper way for their privacy.

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PCG's Signature: \_\_\_\_\_

*Nora Holl*

Date: 1/10/21

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.a.1	PCG draw a new map for the house and in the home wall.	12/4/20	PCG has to remind herself to specify in marked red color the exit door in case of emergency for the safety of all living in the foster care.
54.c.2	Obtained signatures on client #1 service plan from POA/PCP and CG #1. PCP on client #3 signed also and placed on clients binder.	12/12/20	It was my mistake not to have ready for the PCP/POA and me CG#1 for not signing the service plan. I have to be sure that will be available every 6 months to sign.
54.c.5	Labelled medication and obtain order on PCP on client binder #1. Call CMA and corrected time of the medication to be given. Client #3, 2 medication was refilled was on client tray and obtained order from PCP to discontinue medication.	12/12/20	PCG has to remember to review the MAR at the beginning of each month to make sure MAR match bottles and PCP order. Mistakes will be told to the CMA RN and PCP to fix them if needed.
		12/2/20	
		12/7/20	
54.c.6	Client #3 RN visit summary for Aug. 20 and Sept. 20 was placed on client binder.	12/2/20	PCG has to make copies after visit and place in a clients binder.



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PCG's Signature: \_\_\_\_\_

*Nora Holl*

Date: 1/10/21



CTA has reviewed all corrected items